

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09836691

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 41 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 41 minus 20 = | 21 |
| INDEPENDENT CLAIMS | 5 minus 3 = | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

TYPE

OTHER THAN

OR SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9= | | OR X\$18= | 378 |
| X40= | | OR X80= | 160 |
| +135= | | OR +270= | |
| TOTAL | | OR TOTAL | 1248 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | | | Minus | = |
| Total | 41 | Minus | 41 | 0 |
| Independent | 5 | Minus | 5 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

8-31-04

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | | | Minus | = |
| Total | 41 | Minus | 41 | |
| Independent | 6 | Minus | 5 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|--|---|--------------------------|
| | | | Minus | = |
| Total | | | | |
| Independent | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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